

TRAVEL CLAIM TURN-IN COVER SHEET**Command:****Date:****PLR Name:****Email Address:****Phone Number:****Fax Number:**

No.	Rank or Rate	NAME (Last, First Name, M.I.)	SSN	Type of Claim		Tango # or BUPERS Order #
				TAD	PCS	

CPS customer service Clerk Name:**Date Received:****Clerk Signature:**